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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/110,946
Filing Date	11/24/2003
First Named Inventor	HODGES
Art Unit	3021
Examiner Name	NELSON
Attorney Docket Number	BS 03035A

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

38516


OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Scott P. Zimmerman
Date	
Telephone	(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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&
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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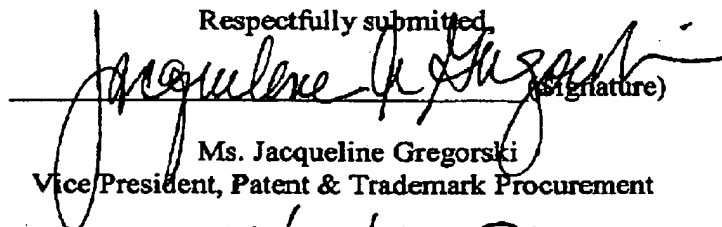
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06/05/2007 (Date)

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